



MULTITECH BUSINESS SCHOOL

P. O. BOX 10923 KAMPALA, TEL. 0414 533931/2, 0757 779971, 0756779900
 Plot 345 Kyadondo Road, Makerere, Off Sir Apollo Kagawa Road

Form No: _____

CENTRE: _____

APPLICATION FOR ADMISSION TO ACADEMIC COURSES

ACADEMIC YEAR 20____ / 20____

ADMISSION NUMBER	
ENTRY DATE	
PROGRAMME:	COURSE:

*ATTACH
A CERTIFIED
PASSPORT
PHOTO*

INTAKE: **January** **May** **August** **(tick appropriate box)**

A. PERSONAL DETAILS: (NAMES ENTERED MUST AGREE WITH THOSE APPEARING ON SUPPORTING DOCUMENTS, ANY DIFFERENCE MUST BE SUPPORTED BY A LEGAL DOCUMENT)

1. Surname (Block letters)
2. Other names (in full).....
3. Gender.....
4. Date of Birth (dd/mm/yy) Place of birth.....
5. Home District..... County.....
6. Nationality..... Country of Residence.....
7. Religious affiliation.....
8. Marital status.....
9. Postal Address..... Physical Address.....
10. Tel No..... Fax No.....
11. Email Address.....
12. Contact Address (if different from the above).....
13. Next of kin..... Relationship.....
14. Postal Address..... Physical address.....
15. Tel No..... Email address.....

B. PROGRAMS

POSTGRADUATE DIPLOMA

- 1st Choice..... **MBS**
 2nd Choice..... **MBS**
 3rd Choice..... **MBS**

DEGREE:

- 1st Choice..... **MBS**
 2nd Choice..... **MBS**
 3rd Choice..... **MBS**

DIPLOMA:

- 1st Choice..... **MBS**
 2nd Choice..... **MBS**
 3rd Choice..... **MBS**

CERTIFICATE:

- 1st Choice..... **MBS**
 2nd Choice..... **MBS**
 3rd Choice..... **MBS**

C. SESSION:

Morning Evening Weekend Distance **(tick appropriate box)**

D. QUALIFICATIONS:

UGANDA CERTIFICATE OF EDUCATION (UCE) OR ITS EQUIVALENT (Attach a photocopy of your certificate / result slip)
UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT (Attach a photocopy of your certificate / result slip)
POST 'A' LEVEL EDUCATION (Attach photocopies of certificates / results slips obtained)

E. EMPLOYMENT RECORD (if any, attach a letter from your current employer)

F. SPONSORSHIP

NAME OF SPONSOR:
 POSTAL ADDRESS EMAIL
 SIGNATURE TEL NO.

G. DECLARATION OF APPLICANT

I, declare that all information given on this form is correct.
 SIGNATURE DATE

(PLEASE ATTACH A COPY OF RECEIPT OF PAYMENT OF THE APPLICATION FEE)
The application fee is non re-fundable

FOR MBS OFFICIAL USE ONLY

Customer Care—Provisional Admission

PRAN:	Inv No.:	Name	Sign:
Course:	RCT:	Session	Date:

Admission Confirmation

.....
FOR: ACADEMIC REGISTRAR

b) EIS-Entry Confirmation

Admission No:	Programme:	
Centre:	Session:	Entry Date:
Reg. Official Name:	Signature:	

